

Charting Nursing's Future

A Publication of the Robert Wood Johnson Foundation

Reports on Policies That
Can Transform Patient Care

Implementing the IOM *Future of Nursing* Report—Part I: How to Dramatically Increase the Formal Education of America's Nursing Workforce by 2020

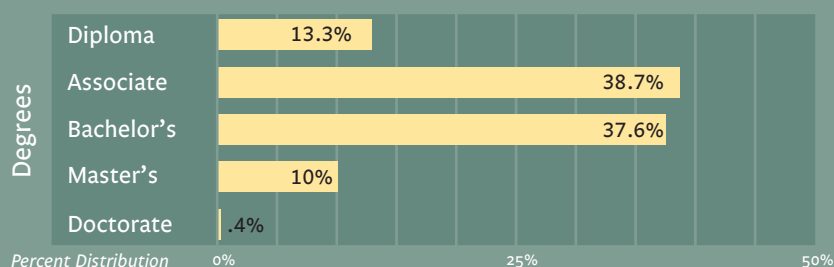
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In October 2010, the Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) jointly released *The Future of Nursing: Leading Change, Advancing Health*, calling it a blueprint for transforming the American health system by strengthening nursing care and better preparing nurses to help lead reform. This issue begins a four-part mini-series on the report, digesting its educational progression recommendations and offering an early look

at how key players are responding. The report calls for increasing the percentage of nurses holding the bachelor of science in nursing (BSN) degree or higher to 80 and for doubling doctorates by 2020. This will require fundamental changes: new competency-based curricula; seamless educational progression; more funding for accelerated programs, educational capacity building, and student diversity; and stronger employer incentives to spur progression.

Figure 1 Highest Academic Nursing Degree Held by Working Nurses



To achieve both IOM educational progression metrics, at least 760,000 additional nurses must earn at least a BSN (or BS). An additional 24,147 must earn a doctorate by 2020, according to the American Association of Colleges of Nursing. Degrees earned by both new nurses and working nurses returning to school count toward the metrics.

Source: Adapted from data provided by the Health Resources and Services Administration (HRSA) from its 2008 National Sample Survey of Registered Nurses. The display reflects RNs working as nurses, not all RN license holders, many of whom are retired or working in other fields.

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The Value of Accelerated Programs

The nursing student pictured on the right checking the heart sounds of a young patient is enrolled with scholarship support in New Careers in Nursing, an accelerated second-degree BSN and master's of science in nursing (MSN) program funded by RWJF and administered by the American Association of Colleges of Nursing (AACN). For more, see "New Careers," page 5.

Second-degree accelerated programs are a gift to nursing, say experts, because they are attracting students with mature professional goals and rich backgrounds from other disciplines as well as sharply reducing time spent in school. They are also enrolling more men than many conventional nursing programs and thus are helping to overcome the significant underrepresentation of men in nursing.

The IOM report calls on public and private funders to increase funding for expedited degree programs to help raise current workforce educational levels (see Figure 1) significantly by 2020.



Photo: Texas Tech University Health Science Center

A Call to Concerted Action

The Future of Nursing: Leading Change, Advancing Health (October 2010), is animated by the most positive of visions: health care for all Americans that is patient centered, high quality, seamless, and affordable.

The vision also anticipates the enormous challenges ahead for health care: expanding demand for care, older and sicker patients, more complex technology, new health care settings and team configurations—all emerging as the country struggles to address serious nurse and nurse faculty shortages and implement the Affordable Care Act.

At the center of the vision is a nursing workforce that will be better educated and more ready to take on new roles as care providers and leaders in health reform.

To make this vision a reality, the report and its diverse and prestigious leadership call on all nurses, as well as other health care stakeholders, to set aside divisive debates and begin a decade of concerted action to increase the formal education of America's nurses.

"We must all stand together as a profession to make health care better, not quibble about whether the ADN or the BSN degree is better. Both have value," says Susan B. Hassmiller, RN, PhD, FAAN, who led the study that preceded the report and who now heads up *The Future of Nursing: Campaign for Action*, an emerging group of state Action Coalitions and other key stakeholders working to implement the report's recommendations. "To address future health care needs, we must accelerate educational progres-

sion, using all the tools we have, and we must reach out to partners in other sectors to help us achieve this goal."

This inclusiveness is echoed by others close to the report's development. They imagine success on progression as driven by diverse and mutually respectful partners and are confident that patients, nurses, and aspiring nurses in all demographic groups will benefit.

"Educational progression does not disenfranchise anyone," says IOM Future of Nursing committee vice chair Linda Burnes Bolton, DrPh, RN, FAAN, vice president and chief nursing officer, Cedars-Sinai Medical Center. "It's about inclusivity. All nurses must continue to learn."

Decades of work by major nursing associations inform the report's educational progression aims, which are framed by a theme—achieving higher levels of education through improved and seamless academic pathways—and by two ambitious goals: increasing the percentage of nurses with the BSN or higher to 80 percent and doubling the number of nurses with doctorates by 2020. Nine implementing recommendations and related key players define the road to success (see "IOM Recommendations," below).

The following pages offer a range of strategies for achieving the recommendations, drawn from the report and from interviews with key players.

Issues 17 through 19 of the *Charting Nursing's Future* (CNF) series will explore the report's interdisciplinary collaboration, primary care, and scope of practice themes.



"We must all stand together as a profession to make health care better—not quibble about whether the ADN or the BSN degree is better. Both have value. To address future health care needs, we must accelerate educational progression, using all the tools we have, and we must reach out to partners in other sectors to help us achieve this goal."

Susan B. Hassmiller, RN, PhD, FAAN, senior advisor for nursing, RWJF, and director, *The Future of Nursing: Campaign for Action*

Charting Nursing's Future will switch to electronic distribution in 2011, beginning with issue 17 (the next issue). To continue to receive the series after the switch, register at www.rwjf.org/goto/cnf.

For More Information

- Visit www.nap.edu (click "Health and Medicine") for an IOM report.
- Visit www.thefutureofnursing.org/IOM-Report for more on *The Future of Nursing: Campaign for Action*.

IOM Educational Progression Recommendations at a Glance

Overarching Theme:

Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.

Undergraduate Education Metric:

Increase the percentage of nurses holding the BSN degree or higher to 80 percent by 2020.*

Needed Actions and Key Players:

- Require seamless academic pathways beyond articulation agreements. *Accreditors: Commission on Collegiate Nursing Education (CCNE) and the National League for Nursing Accrediting Commission (NLNAC; see pp. 3–4).[†]*
- Enhance employer incentives to drive BSN attainment within five years of graduation. *Health care organizations* (see pp. 4–5).
- Expand BSN educational capacity and

student diversity. *Private and public funders* (see pp. 4–6).

- Increase funding for students pursuing second-degree programs. *Federal agencies such as the U.S. Secretary of Education and HRSA* (see pp. 1 and 5).
- Design and implement curricula promoting interprofessional collaboration. *Health professional schools* (see CNF 17, forthcoming in the fall of 2011).
- Enhance the diversity of nursing students. *Nursing education leaders, health care organizations, and schools* (see p. 6).

How to Achieve “80 by ’20”

Leaders of major nursing organizations and other important players interviewed for this issue describe the IOM recommendations as “validating” and “energizing.” Most are now engaged in strategic planning to help implement the recommendations.

They regard “80 by ’20” as a compelling goal but acknowledge its huge challenges: educating at least 760,000 additional nurses to the BSN level or higher, achieving fundamental shifts in education and practice, and speaking with one voice about the importance of progression.

Yet there is optimism and a will to experiment. “The report has encouraged people to think creatively,” says Pamela Thompson, MS, RN, CENP, FAAN, CEO, American Organization of Nurse Executives (AONE). “The field is developing a variety of strategies to get to the BSN goal. Because the report isn’t prescriptive about methods, it has a high probability of success.”

Create Seamless Pathways

Replicate the Oregon Consortium for Nursing Education (OCNE). There is great interest in spreading versions of the OCNE model, which includes eight community colleges and the five campuses of the Oregon Health & Science University (OHSU). OCNE is the first fully integrated consortium program that enables students to progress seamlessly from the ADN through the BSN with a common curriculum driven by a single set of competencies

designed to prepare the “new nurse.” The model coadmits students and offers portable financial aid, shared institutional resources, and significant clinical education innovations.

“OCNE is one of the most promising models we have for increasing the numbers of students moving quickly from the ADN to the BSN,” says Brenda Cleary, PhD, RN, FAAN, past director, the Center to Champion Nursing in America (see “Profiles in Leadership,” p. 4, for more on OCNE).

The National League for Nursing (NLN) has created the LEAD program to train faculty in how to build transformative educational changes like OCNE. “You need faculty development to deliver competency-based models—skills in motivating and working with others,” says Bev Malone, PhD, RN, FAAN, NLN’s CEO. “There is a big hole there, and we want to fill it.”

Emerging Action Coalitions in Florida and Texas are taking initial steps toward seamlessness by strengthening articulation agreements. The Texas coalition will also standardize BSN prerequisites and develop coadmission policies.

Fully Utilize BSN Completion Programs.

The nation’s 633 RN-to-BSN programs have seen a 21 percent enrollment increase recently but still have unused capacity (AACN); stronger employer incentives could spur utilization by working nurses.

Promote RN-to-MSN Programs.

“A BSN completion program isn’t the final destination for everyone,” says Kristen Swanson, PhD, RN, FAAN, dean and Alumni Distinguished Professor, University of North Carolina Chapel Hill (UNC-CH) School of Nursing. “Some ADN-prepared nurses return to school wanting to move into leadership, teaching, advanced practice, or research roles.” UNC-CH’s RN-to-MSN program prepares students for all these roles.

Admitted as graduate students, nurses first take three online BSN competency bridge courses and then move to an on-campus master’s degree curriculum with a wide variety of concentrations. Students can complete the program in two years, although many take longer because of work and family commitments.

The IOM report, many nurse education leaders, as well as Roxanne Fulcher, director, health professions policy, American Association of Community Colleges (AACC), argue that RN-to-MSN programs merit much more attention and support.

Advance Expedited Licensed Vocational Nurse (LVN) Education. For Texas, a state with exceptionally high numbers of LVNs, a model accelerated LVN-to-

Continued on page 4

For More Information

- The NLN’s annual meeting (Sept. 21–24, 2011) will focus on educational progression. Visit www.nln.org for more information.
- Visit aacc.nche.edu/Publications/Briefs/Documents/2011-02PBL_DataDrivenNurses.pdf (page 10) for more on RN-to-MSN programs.

Graduate Education Metric:

Double the number of nurses with doctorates by 2020.

Needed Actions and Key Players:

- Monitor schools of nursing to ensure a 10 percent increase in the number of BSN graduates entering graduate programs within five years. *Accreditors: CCNE and NLNAC* (see p. 7).
- Expand funding for accelerated graduate programs and student diversity. *HRSA, Department of Labor, and other funders* (see p. 7).

- Create market-competitive compensation packages for nursing faculty. *Academic administrators and university trustees* (see p. 8).

*The Future of Nursing: Campaign for Action will measure the percentage of nurses with both nursing and nonnursing degrees for both the IOM educational progression metrics.

†Staff from the CCNE and others advise that the CCNE cannot require nursing programs nationally to develop articulation agreements or other academic pathways, but would certainly evaluate whether such programs are meeting stated goals.

“What’s important here is that we are educating nurses better for wider responsibilities.”

Donna Shalala, chair, IOM Future of Nursing committee, and president, University of Miami, Coral Gables, Florida



How Seven OCNE Leaders Created Trust and a New Reality

Charting Nursing's Future salutes seven nurse leaders who helped make OCNE possible:

Marna Flaherty-Robb, MSN, CNS, RN, chief nursing informatics officer, University of Michigan School of Nursing

Paula Gubrud-Howe, EdD, MS, FAAN, OHSU associate dean for academic partnerships, technology, and simulation, and OCNE codirector

Kathleen Potempa, PhD, RN, FAAN, president, AACN, and dean, University of Michigan School of Nursing

Mary Schoessler, EdD, RN-BC, co-investigator of OCNE's FIPSE evaluation grant and professional development specialist, Providence Portland Medical Center

Louise Shores, RN, EdD (retired), former educational consultant, Oregon State Board of Nursing, and first director of OCNE

Chris Tanner, RN, PhD, FAAN, Youmans Spaulding Distinguished Professor, OHSU School of Nursing

Linda Wagner, MN, RN, nursing department chair, Rogue Community College, and OCNE codirector

In 2000, when prospective OCNE leaders met to confront the state's looming nursing shortage, as part of the Oregon Nursing Leadership Council, about the only thing they could agree on was how bad things would be if they couldn't produce more nurses.

Yet a decade later, they and their successors have created a model that has more than doubled the state's previous rate of ADN-to-BSN progression, impressed employers, and provided inspiration for adaptations in Hawaii, California, Wyoming, New York, and North Carolina (New Mexico and others are planning versions of OCNE). Eight leadership lessons from the OCNE development experience follow.

1. Have a Forward-Looking Vision:

The group's vision of the "new nurse" united and sustained it. "We stopped quibbling about degrees and focused on competencies needed for the future," says Tanner, a faculty development guru with a knack for bringing people together. Flaherty-Robb researched the state's future health care needs and did key work on the new competencies.

2. Build Trust Early:

Potempa, who took on OCNE's early leadership as OHSU's dean of nursing, hired Robert McCarthy, a nonnurse with credentials in labor negotiation and organizational development, to facilitate the resolution of old conflicts and get people talking about the hot-button issues. "You must build trust before doing anything strategic," he says.

3. Share Leadership:

Leadership was a matter of expertise and leverage, not ego, within the OCNE circle. Individuals took charge or followed as the situation dictated.

4. Hang Tough and Repeat the Truth:

The consortium prevailed over seri-

ous external efforts to destroy it. Gubrud-Howe and Wagner, for example, who were both directing nursing programs in community colleges as OCNE began, ran interference with college presidents and promoted the consortium's value tirelessly.

5. Embrace Difference:

"Part of OCNE's energy is bringing multiple perspectives to the table and creating something new out of that," says Schoessler, who has made major contributions to consortium evaluation and its clinical education component.

6. Involve the Community:

"We had school presidents take the message of OCNE to the people," says Potempa. "Then they heard directly from constituents about the need for educational progression."

7. Don't Let Fear Block Creativity:

Shores, recognized as a gifted consensus builder highly influential with the Oregon State Board of Nursing, kept the group from repressing its creativity. "I continued to reinforce this message: 'The board is not opposed to improvements in nursing.'"

8. Reach Out to Other Sectors:

"We have removed every imaginable educational barrier to academic progression. Now others must help remove the financial and workplace barriers that hold students back."

Chris Tanner, RN, PhD, FAAN, Youmans Spaulding Distinguished Professor, OHSU School of Nursing



"80 by '20" continued

RN program has made good sense and has, in fact, inspired 40 percent of recent graduates to pursue the BSN. Initially funded as a pilot by the Texas Higher Education Coordinating Board, the program is now a partnership between Angelo State University and 15 hospitals, many in rural areas.

Hospitals handpick LVNs for participation, pay their tuition, allow release time, and serve as clinical sites. The university uses NLN competencies to offer credit to those who test out of required specialty courses, and then supports them as they complete a 21-week intensive curriculum with clinical and online didactic components. National Council Licensure Examination pass rates are now at 95 percent.

Enhance Employer Incentives

"We must make returning to school a probability for working nurses with ADNs," says Liana Orsolini-Hain, RN, PhD, nursing instructor, City College of San Francisco, member, IOM committee, and RWJF Health Policy Fellow. Without more widespread employer educational requirements and supports, "80 by '20" cannot be achieved. Since 83.3 percent of new nurses work in hospitals, the willingness of chief nursing officers to take a stand on progression will be pivotal (see "A Model Employer," p. 5).

The Magnet Recognition Program has been a national leader in promoting educational progression. A task force appointed by the program is now considering whether to embed the "80 by '20" metric in Magnet accreditation standards, says Karen Drenkard, PhD, RN, NEA-BC, FAAN, executive director, American Nurses Credentialing Center. A decision to do so would raise the current progression bar in 400 hospitals nationwide.

Fund BSN Capacity Expansion

Grow University BSN Programs. A dramatic increase in baccalaureate enrollment is needed, yet lack of faculty, clinical placements, and other resources have caused BSN programs

to reject tens of thousands of qualified applications annually since 2004. Reversing this trend will require more public and private funding for faculty hiring, student scholarships and loans, new clinical partnerships, and resource-extending technologies such as simulation.

“We cannot, however, simply expand what’s there,” says Kathleen Potempa, AACN president. “We must think differently and let educational redesign take us where we have never dared to go.” A joint AACN-AONE task force is developing recommendations to bring the academic and practice worlds much closer, driving excellence in classroom and clinical education, says Potempa.

Expand the Availability of Community College BSN Programs. Could Florida’s 14 community college BSN programs be models for the nation? Some nurse leaders are suggesting that the geographic reach, moderate costs, diverse student bodies, and huge infra-

structure of the country’s community college system could make it a major producer of BSNs, with sufficient federal incentive money.* Although baccalaureate degrees make up only 1.5 percent of the Florida College System’s educational output, says Willis N. Holcombe, PhD, the system’s chancellor, they are expected to grow in the next decade.

A proponent of educational progression, Holcombe’s message to ADN graduates is, “‘Congratulations, you are in the profession now but start climbing the educational ladder.’ We need to give nurses opportunities for more education while working and get more of them to take the next step.”

Up Accelerated Program Funding

Emulate New Careers in Nursing (NCIN). Funded by RWJF and administered by the AACN, NCIN allows students from underserved or economically disadvantaged groups to pursue accelerated second-degree BSN or MSN de-

grees. When the current funding cycle ends, the program will have produced 2,200 new nurses from 108 participating schools with an investment of more than \$23 million. Graduates are 38 percent male and 61 percent people of color. Because a majority of graduates want to continue their educations, AACN is developing a plan to facilitate their educational progression through doctoral degrees, says Vernell DeWitty, PhD, RN, NCIN’s National Program deputy director. *Replicate Michigan’s Second-Degree Programs.* Former Michigan governor Jennifer M. Granholm committed \$30 million to accelerated second-degree programs and scholarships, which together created 4,000 new nurses, 3,000 new clinical placements, and 277 new clinical instructors (2005–2010).

For More Information

• Visit www.aacn.nche.edu for more on NCIN.

*Aiken, L. 2011. Nurses for the future. *New England Journal of Medicine* 364:196–98.

A Model Employer Incentive Program: North Shore–LIJ Health System

With 15 hospitals and more than 11,000 nursing positions, North Shore–LIJ Health System is one of the largest employers of

nurses in the country. It is also one of the most committed to encouraging educational progression, because its leadership believes more education means better patient care.

“More highly educated employees have a higher degree of confidence that translates into better care,” says Maureen White, RN, MBA, CNAA, senior vice president and chief nurse executive. “They are more comfortable in their practice area and more apt to take leadership roles.” To ensure the best-educated workforce, the system has instituted a policy requiring new nursing hires to have a BSN or begin work on a BSN within 18 months and complete the degree within five years.

“More highly educated employees have a higher degree of confidence that translates into better care. And they are more comfortable in their practice area and more apt to take leadership roles.”

Maureen White, RN, MBA, CNAA, senior vice president and chief nurse executive, North Shore–LIJ Health System

Since the policy began in September 2010, more than 80 percent of the system’s 500–600 annual nursing hires have had BSNs, and about half of hires with ADNs are pursuing BSNs.

The system makes it as easy as possible to progress: it funds tuition up front, has a generous release-time policy, and offers BSN and MSN completion programs on-site (directors of nursing services and nurse executives must have the MSN). It also provides salary differentials for additional degrees, although White believes that for many the desire for more education is a stronger motivator than money. “We look for people with a thirst for knowledge. Those who go back for more education become the strongest

advocates for going back. It changes how you think and respond.”

In 2007, the system began offering a doctor of nursing practice (DNP) degree in partnership with Case Western University. Already 50 employees have graduated and another 23 are enrolled. Enrollees receive full tuition up front in exchange for signing a two-year service agreement.

The system’s unlicensed personnel, such as receptionists and housekeepers, may pursue the ADN degree with full support (no service agreement is required). So far, 60 have graduated and another 40 are enrolled. “It’s part of our commitment to lessen the nursing shortage,” says White.



Duke's Welcoming Environment

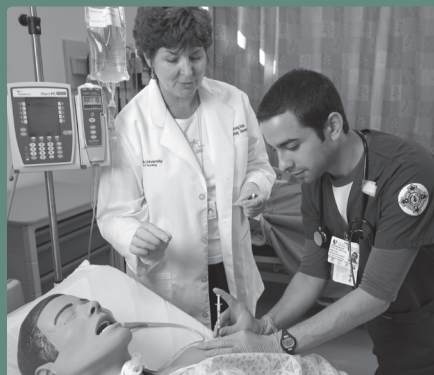
Nursing education has a poor record of recruiting and retaining male students. Only 11.4 percent of all undergraduate nursing students are male; DNP and PhD percentages are 9 and 7.5 percent, respectively (AACN, 2010). Male students are often isolated because they lack faculty and staff role models and mentors. Only 6.2 percent of working nurses are men, as a result of these and other factors.

It is no wonder then that Duke University's School of Nursing received a 2010 Best School for Men in Nursing award from the American Assembly for Men in Nursing (AAMN). Men make up 18 percent of its faculty and staff—including three important administrative positions—an average of 15 percent of its undergraduate students, 20 percent of its DNP students, and 26 percent of its PhD students.

The male student graduation rate is not significantly different from Duke's remarkable 97.5 overall nursing graduation rate, says assistant professor John Brion, PhD, RN, CHES.

The key to Duke's success is a welcoming environment that begins with

The Value of Gender Diversity



A Duke University undergraduate nursing student practices injection skills on a simulation mannequin (left).

The American Assembly for Men in Nursing gave Duke a 2010 Best School for Men in Nursing award for its welcoming environment and unusually high percentages of male students, faculty, and staff.

Experts say that higher male workforce participation rates will help alleviate looming shortages of both nurses and nursing faculty, give new attention to male health issues, and be a boon to patient care.

Photo: Duke University

the university's powerful team spirit, extends to its hospital system, which is run by Kevin Sowers, RN, MSN, and includes a nursing school dean, Catherine Gilliss, DNSc, RN, FAAN, "who cherishes diversity," says Brion.

"Men entering an overwhelmingly female environment develop 'role strain,'" says Brion. "They don't know how to act, and they don't feel they belong." Having numerous male faculty and staff eliminates this strain.

Faculty do on-campus interviews with every potential enrollee to ensure a good fit. Nursing school outreach also speaks directly to men. For social support, Brion has established a chapter of the AAMN on campus, and every new male student is mentored by a more advanced male student.

of existing faculty have completed the modules. "It's been wonderful to watch the faculty grapple with it," says Judy Martin-Holland, PhD, MPA, RN, FNP, associate dean, Academic Programs & Diversity Initiatives.

Commitment to diversity in nursing practice is also a hallmark of UCSF's programs. "We are committed to serving underserved populations," says Martin-Holland. "Applicants must show that they have experience serving these populations, and our students do clinical work in these communities and are expected to go back out and serve them after graduating." As a result, the program has a positive profile in the community, and diverse students gravitate to it, says Martin-Holland.

Yet despite this positive buzz, and UCSF's fierce determination to maintain student diversity gains in the midst of California's four-year budget crisis, diversity statistics for the doctoral program and the entry master's program have dipped over the past three years, says Martin-Holland.

"Accepted students of color often carry heavier debt loads than majority students and will decide against admission if their only option is to take out more loans," she says. "Additional public and private funding for student scholarships is needed."

For More Information

- For more on the DIVAs and their online diversity tutorial, write to mike.henseler@nursing.ucsf.edu.

The Value of Cultural Competence

Photo: University of California, San Francisco



University of California, San Francisco students and faculty, like those pictured above, have benefited from a major assessment and revision of academic and clinical course curricula to ensure cultural diversity in content, as well as speaker, patient, and preceptor representation. The process was led by the DIVAs (Diversity in Action), a group of 20 faculty members who developed a six-module, online training program to give faculty specific guidance.

The University of California, San Francisco Ensures Cultural Competence in the Curriculum

To assist its entire faculty in paying more attention to diversity issues in research, teaching, and clinical education, the DIVAs (Diversity in Action)—a group of 20 faculty members who advise the dean on diversity issues—did a comprehensive review of all course syllabi, course objectives, speakers, and clinical education settings against specific benchmarks, such as cross-cultural comparisons, social determinants of health, language barriers, power, and social construction.

The DIVAs followed up with a six-module, online diversity tutorial for faculty. All new faculty and 60 percent

How to Double Doctorates by 2020

More doctorally prepared nurses are desperately needed to address projected nurse faculty and primary care shortages, to advance nursing science, and to assume leadership roles of all kinds, says Michael Bleich, PhD, RN, FAAN, dean and Dr. Carol A. Lindeman Distinguished Professor, OHSU, and member, IOM committee.

The rapid rise in DNP enrollments since 2003, together with the growth in PhD enrollments, puts the goal of doubling doctorates by 2020 well within reach, says Geraldine “Polly” Bednash, PhD, RN, FAAN, CEO, AACN (for more, see Figure 2).

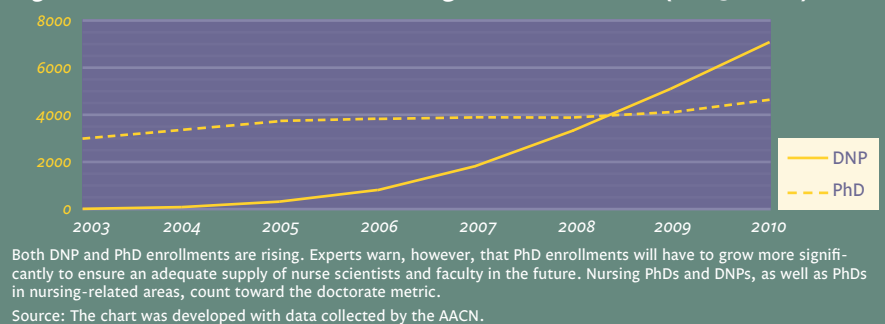
“The growth in DNP enrollments is impressive, and these graduates will play very important roles in American health care,” says RWJF’s Hassmiller. “We must, however, increase PhD enrollment growth to prepare more nurse leaders for faculty roles and to advance science and discovery.”

To achieve the IOM doctoral metric, more nurses must begin doctoral studies early in their careers, doctoral programs must be expedited without loss of quality, scholarship and loan support must be increased, and faculty compensation packages must become more market competitive.

Increase Graduate Admissions

Mentoring and Motivating Students: The University of Florida Honors Program. Faculty mentorship is one key to early identification of talented undergraduates, helping them define career goals and pursue doctoral studies without undue delay, says Kathleen Ann Long, RN, PhD, FAAN, dean of the University of Florida’s College of Nursing. The college’s honors program, one of the oldest in the country, links individual students with a faculty member for

Figure 2 Trends in PhD and DNP Program Enrollments (2003-2010)



joint work on a research or leadership project. Students also complete a paper and do a formal presentation on the project.

“For many, this is the turning point in deciding to pursue graduate studies and a faculty role,” says Long. The school’s expectations of students also motivate further study. “We tell them, ‘Yes, it’s important to be clinically competent, but that’s not enough. We expect you to be leaders in changing the current health care system.’”

Many students are heeding the call. A quarter of undergraduate nursing students enter the honors program, and of those, 50 percent pursue graduate studies within a year or two, and more than 70 percent go on within three years.

Up Accelerated Program Funding

Incentivizing Early Recruitment and Revised Curricula: The Hillman Scholars Program in Nursing Innovation.

Scholarship support and expedited programs are also needed to speed the journey to and through doctoral studies.

“Two years ago we saw the need to help cultivate a younger generation of nurse scientists, leaders, and innovators capable of influencing the redesign of health care,” says Ahrin Mishan, executive director, Rita and Alex Hillman Foundation. In response, the foundation will fund a streamlined BSN-to-PhD program targeting stu-

dents early in their careers. Although the program is focused on research, clinical experiences will be embedded throughout, as will exposure to interdisciplinary perspectives, innovation, and health policy “to prepare students as effective change agents capable of transforming the delivery of care,” says Mishan.

The first of at least three iterations of the program begins in the fall of 2011 at the University of Pennsylvania School of Nursing, with a renewable, five-year \$3,000,000 grant. Two additional universities will admit their first cohorts in 2012. Once fully operational, the overall program will support 90 Hillman Scholars and graduate 18 doctorally prepared nurses per year.

The Foundation program provides scholarships for a portion of basic nursing education and, with the aid of university matching funds, guarantees support for three years of full-time doctoral study.

“We want beginning nursing students to appreciate the power of nursing innovation to affect lives on a grand scale through the redesign of whole systems,” says Mishan. “We are asking schools to alter the status quo—to rethink their curricula.”

The John A. Hartford Foundation, Gordon and Betty Moore Foundation, Jonas Center for Nursing Excellence, and other private foundations are also actively advancing IOM goals.

Continued on page 8



“My wife, Mary, is a nurse. Her perspective has given me a deep understanding of the critical role nurses play in our health care system and the daily challenges they face. To support the nurses that each of us depends on, we must improve access to affordable education opportunities for first-time nursing students and working nurses returning to school.”

U.S. Senator Jeff Merkley, D-Oregon, cochair, Senate Nursing Caucus

Replicate the Michigan Nursing Corps.

Former governor Jennifer M. Granholm established the Michigan Nursing Corps to educate more clinical and classroom faculty (with \$6.8 million between 2008 and 2010). Participants receive tuition and stipends in exchange for signed agreements to teach in Michigan nursing programs.

Improve Faculty Compensation

Win Legislative Funding. Merely increasing nursing doctorates will not guarantee more nursing faculty unless compensation packages are made more market competitive. Diverse state-level partnerships that include business representation can develop enough clout to win big legislative appropriations.

The Texas Workforce Shortage Coalition garnered a \$49.7 million nursing education appropriation from the Texas legislature that contained flexible funding to boost faculty hiring and expand capacity in other ways (2010–2011 biennium).

In Virginia, a “kitchen cabinet” of advocates helped convince the legislature to fund a 10 percent raise for all nursing faculty in public colleges and universities that has helped to create a 50 percent increase in nursing graduates since 2005.

Develop Practice Plans. Some schools of nursing, particularly those on health science campuses, have devel-

oped faculty practice plans that generate substantial revenue for faculty salaries.

Faculty typically generate money for a plan either by holding joint academic-practice appointments funded in part by employers or by providing primary care services on contract in an ambulatory clinic or other provider settings. Often faculty receive incentive pay on the basis of the revenue they generate or a bonus at year’s end if the plan has a profit. The University of Texas at Houston (UTH) has a particularly extensive practice plan. In 2010, its clinic gross revenues were \$1.9 million; its joint appointments accounted for \$1 million.

Because practice plans link the worlds of teaching and practice in many ways, they are worth more than their weight in gold, says Geri L. Wood, PhD, RN, FAAN, adjunct associate professor at UTH. She teaches evidence-based research at the university and helps nursing staff at the UT M. D. Anderson Cancer Center improve practice, with evidence from the latest research. In addition to enriching both settings, “you become an ambassador for both,” says Wood, who has inspired M. D. Anderson staff to return to school and her university students to work at M. D. Anderson.

Practice plan opportunities will expand dramatically in the next few years because of health workforce

shortages and the implementation of the Affordable Care Act (ACA), says Kenneth I. Shine, MD, executive vice chancellor for health affairs, UT System, and former IOM president. *Create Endowed Faculty Chairs.* Schools of nursing are also pursuing foundation funding for endowed chairs. Although competition for the philanthropic dollar is tight and may be constrained by foundation priorities, “increasingly nursing is compelling to private funders,” says Shine.

Sustain and Increase Funding. The American Nurses Association and others are mounting a vigorous defense against possible cuts to \$500 million in ACA scholarships and education loan forgiveness funds designed to help newly minted faculty offset low faculty salaries.

The IOM report recommends that diploma programs be phased out within the next decade and their resources—including graduate medical education money—be used to expand BSN and higher degree programs and to support rural and critical access nurse residency programs.

For More Information

- Visit www.michigancenterfornursing.org for more on the Michigan initiatives.
- For details on the UTH nursing practice plan, contact Thomas A. Mackey at thomas.a.mackey@uth.tmc.edu.
- For more on the legislative successes and other innovations of state-level educational capacity-building partnerships, download *CNF 13* (May 2010) from www.rwjf.org.

“We must remove the unnecessary barriers that are discouraging so many nursing students and working nurses from advancing their formal educations. More flexible work schedules, more seamless and efficient academic pathways, and increased access to accelerated programs of proven value are sorely needed.”

U.S. Representative Steven LaTourette, R-Ohio, cochair, Congressional Nursing Caucus



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